

Registration District No.

791

Primary Registration District No.

1003

Registrar's No.

6970

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 hours
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Loretta Lawlor3. (b) If veteran,
name war _____3. (c) Social Security
No. 488-03-3678

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married,
divorced Married
6. (b) Name of husband or wife Robert Lawlor 6. (c) Age of husband or wife if
alive 37 years
7. Birth date of deceased Jan. 20, 1906
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>35</u>		<u>7</u>	<u>6</u>	hr. min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Sales Lady11. Industry or business Stix, Baer & Fuller

MOTHER FATHER { 12. Name Jacob Holler
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Marie Bader
(City, town, or county) (State or foreign country)
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Lawlor(b) Address 4727 Cupples Place17. (a) Burial (b) Date, thereof Aug. 30
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation New St. Peter & Paul18. (a) Signature of funeral director Bromsberg and Co.
(b) Address 4746 W. Florissant19. (a) AUG 28 1941 (b) J. H. Medick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 4727 Cupples Place
(If rural, give location)
(e) If foreign born, how long in U. S. No Attending Physician years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 26 day Aug
year 1941 hour 8 minutes 45 M.21. I hereby certify that I attended the deceased from _____
_____, 19____, to _____, 19____;that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.Immediate cause of death Carcinoma of Cervix
Invasion of Parametrium
Due Peritoneum and Mesentery

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (a) Means of injury _____

23. Signature Thomas Halloran (M. D. or other) _____Address Deputy Coroner Date signed 8/24/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Ray W. Wilkinson

Licensed Embalmer No..... *3575*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.